

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17551

BIRTH NO. _____		REG. DIST. NO. 366		PRIMARY REG. DIST. NO. 6245		Registrar's No. 44			
1. PLACE OF DEATH a. COUNTY Washington Jefferson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Walton Jefferson				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis					
d. FULL NAME OF HOSPITAL OR INSTITUTION Sunnen Lake ✓				d. STREET ADDRESS (If rural, give location) 2225 Montana					
3. NAME OF DECEASED (Type or Print)		a. (First) Clarence		b. (Middle) L.		c. (Last) Menke			
4. DATE OF DEATH		June 3, 1955		5. SEX Male		6. COLOR OR RACE White			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		Married		8. DATE OF BIRTH Dec. 28, 1901		9. AGE (In years last birthday) 53			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		Machinist		10b. KIND OF BUSINESS OR INDUSTRY Small Arms Plant		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. 0			
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Edward Menke		13b. MOTHER'S MAIDEN NAME Bertha Buschmann		14. NAME OF HUSBAND OR WIFE Elsie Menke			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 2nd. W. War		16. SOCIAL SECURITY NO. 493-09-1061		17. INFORMANT'S SIGNATURE OR NAME Elsie Menke		ADDRESS 2225 Montana, St. Louis, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Snoreneal</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E850X</u> <u>38</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Sonnen Lake</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Walton</u> <u>Washington</u> <u>Mo.</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6-3-55-7P</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>overturned Boat</u>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>10:00P</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>R. L. Gibson</u> (Degree or title) <u>D. C. Conner</u>				23b. ADDRESS <u>Pataski, Mo.</u>		23c. DATE SIGNED <u>6-6-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>June 8, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>6/7/55</u>		REGISTRAR'S SIGNATURE <u>Arletta Wald</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Schumacher</u>		ADDRESS <u>3013 Meramec St.</u>			

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 14 1957

JUN 3 4 1955

RECEIVED

JUN 7 1955

WASH. COUNTY HEALTH DEPT.

File No. _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

W E Morris

Licensed Embalmer No. *3360*

P. O. Address *St. Louis, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.